

Applicant

Name		Date	
Address	City	State	Zip
Organization <i>If applicable.</i>		Phone (day)	
E-mail		Phone (evening)	
Membership <input type="checkbox"/> Bloomington resident (\$45/yr) <input type="checkbox"/> Bloomington student (\$15/yr)		<input type="checkbox"/> New member	
<input type="checkbox"/> Bloomington organization (\$125/yr)		<input type="checkbox"/> Renewal	

Organizations - Please fill-in

Member names (*Organizations may have up to 5 people under their membership.*)

1. _____
2. _____
3. _____
4. _____
5. _____

Students - Please fill-in

College/university/school name		Year in school/grade	
Address	City	State	Zip

Please read and sign

I have read the **Bloomington Community Access Television (BCAT) Rules of Operation**. I understand and agree to comply with these Rules and the procedures related to the treatment of programming that violates the Rules. I hereby authorize BCAT to remove any programming that violates the Rules. I agree to indemnify and hold harmless BCAT, the City of Bloomington, Comcast Cable and their respective officers, directors, employees, agents and representatives from any and all claims, damages, losses or expenses arising from the cablecast, playback or production of any programming or any other use of the BCAT facilities and equipment. I further attest that I have truthfully completed this Membership Application.

Applicant's signature

Printed name

Date

Staff use only – Do not write below this line

I.D. No. _____ Program or Project Title _____

Orientation
 Camera
 FCP
 Studio